

Mental Healthcare Provider Work Orientations and Mental Health Outcomes

Burnout and stress are common among mental healthcare professionals (O'Conner et al. 2018) and are associated with lower quality of life (Tawfik et al. 2019). s (Wrzesniewski 2003; Wrzesniewski et al. 1997). This research aims to characterize work orientation in mental healthcare professionals and investigate its relationship to mental health outcomes and attitudes toward evidence-based practices.

Data were collected from 75 mental healthcare workers from a children's hospital in the Mountain West who provide youth psychiatric inpatient or partial hospitalization services. Participants were 88% female ($n = 66$), 91% white ($n = 68$), and 83% not Hispanic/Latinx ($n = 62$). They completed survey measures of work orientation (University of Pennsylvania Work-Life Questionnaire; Wrzesniewski et al. 1997), openness to evidence-based practices (Evidence-Based Practice Attitudes Scale-15; Aarons 2004), emotional exhaustion (Maslach Burnout Inventory Emotional Exhaustion Subscale; Maslach et al. 1997), burnout (Professional Quality of Life Burnout Subscale; Stamm 2010), and stress (Perceived Stress Scale; Lee 2012). Participants strongly identifying with each work orientation were selected via purposive sampling for a qualitative interview. Descriptive statistics identified proportions of the sample identifying most strongly with each work orientation. Pearson bivariate correlations and one-way ANOVAS were used to examine relationships between work orientation and other variables, and linear regression determined whether certain orientations were associated with professional quality of life over and above the impact of burnout and stress.

Overall, 30.7% of this sample endorsed a calling orientation; 45.3% a career orientation; and 5.3% a job orientation, in contrast with work in other populations showing equal endorsement of all three orientations (Wrzesniewski 2003; Wrzesniewski et al. 1997). A calling orientation was significantly and positively correlated with professional quality of life ($r = .561$, $p < .001$) and openness to evidence-based practices ($r = .320$, $p = .006$), and significantly and negatively correlated with emotional exhaustion ($r = -.575$, $p < .001$). This pattern was consistent with ANOVA results evaluating whether levels of these constructs differed by individuals' predominant work orientations. Controlling for perceived stress, regressions indicated that stronger agreement with calling orientation remained significantly associated with professional quality of life ($B = 5.5$, $p < .001$) and with emotional exhaustion ($B = -3.0$, $p < .001$).

Findings reveal a significant relationship between calling work orientation, lower levels of negative mental-health outcomes, and higher openness to evidence-based practice. Qualitative analysis of interviews will also be presented to explore possible mechanisms.